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Title:

A selected literature review of the use of portfolios in the assessment of learning and competence in nursing and midwifery

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1. Background

Fundamentally what this paper seeks to answer are questions founded on earlier and recent investigation on the quality of educational provision. Namely, inquiry of knowledge and how it is grounded in theory; the adequate provision for critical reflection, and whether clear indications of clinical competency amongst nursing and midwifery students are evident upon qualification. Both nationally and locally, solutions have been met with many responses. In short, portfolios have been seen as a way forward in the support of professional development. Since 1995 it has been compulsory for all nurses, midwives and health visitors to complete a portfolio profile in order to register. Initially portfolios were designed to ensure that the profession would display a range of evidence incorporating knowledge, skills and attitudes (Standard 13 ENB 1997), ensuring the long term prospects of quality of care required to meet the changing health care needs of the public (ENB 1991a). Essentially, however, comprehensive evidence of portfolios is still under scrutiny as to whether they provide a synthesised process of continual professional development that will also serve as an authentic assessment of teaching, learning and clinical competence. Such scrutiny is not surprising when statutory bodies including the ENB are continually involved in the promotion of improved training methods (Gerrish 1997) aiming for the highest quality assurance in educational provision. Hence, a systematic literature review like this is timely in that portfolios remain an issue which is still open to debate in light of recent initiatives in nursing and midwifery education (UKCC 1999; DoH 1999).

2. Literature Review

A systematic literature review on the evaluation and use of portfolios and the assessment of learning and competence in nursing and midwifery, offers a way in which to explore past and ongoing research and, primarily, to advance analysis of portfolio practice and procedure.

It is nearly ten years from the time when the first portfolio initiatives emerged to incorporate accreditation of prior learning (APL) into nursing and midwifery assessment. Portfolios ever since have had a wide range of mixed reviews and have incurred many responses regarding their value within the healthcare system (Shannon and Rohrer 1997; Brown 1992; Murrell 1998; Budnick and Beaver 1984).

The ENB framework (1991) and Higher Award (1991a) legitimised APL and accreditation for prior experiential learning (APEL) as a means of providing a way of validating earlier learning that may or may not have been attached to any scholarly award. Instead, a comprehension of knowledge was based upon the significant way in which prior *experience* initiated change or questioning behaviour and brought awareness to current situations and contexts. More importantly, the portfolio was seen as a formal means of transforming the student's experience into tangible vignettes where prior learning could be identified as a significant building-block and, thus, reflected upon. Accordingly, because of the way in which portfolios are employed in the assessment of learning for nursing and midwifery students, the objective is for students and qualified staff "to be able to plan their learning so that it relates to their practice and then to choose educational activities that are accessible and relevant" (Hull and Redfern 1997 p. 11).

Because of the emphasis on self-perception in portfolios (Jasper 1996) the integration of learning into everyday practice (Gerrish 1993) is even more difficult to synchronise than already acknowledged (Oeschle *et al.* 1990). This is because of the design of portfolios: given that the potential contents of portfolios can be *ad hoc* and subjective relating to the student or staff experience (Priest and Roberts 1998), it is open to question whether documented abstracts are reliable and valid accounts of the learning which has taken place in relation to the learning that is

required to ensure professional competence (Castledine 1994).

Further issues arise as to whether portfolios reflect the rigours of nursing and midwifery training in which objectivity, reliability and standardisation are common underpinning values. For example, it is questioned whether portfolios *precisely* underpin the mutual terms that constitute nursing and midwifery practice (Jasper 1995a). This 'imprecision' is based upon the complex infrastructure that underlies portfolios in which learning is constituted by students' individual personal history where knowledge and understanding is valued from a wider perspective. For structures that include the personal (for example, APEL) to be successful, they depend largely upon work embedded in practice (Jasper 1995b), and the learner-tutor relationship in which the student takes responsibility for his or her own learning (Rogers 1983). Student-centred learning is therefore part of a radical shift in teaching, where an alternative value system comes into play on the part of both the learner and the tutor (Rogers 1983). Murray (1993) points out, however, that due to the newness of portfolios, radical changes have not undergone thorough theoretical and academic evaluation which would determine their overall effectiveness (in contrast with North America) and this needs addressing. The same point has been levied at reflective practice which plays a significant role in portfolio composition (Reece-Jones 1995).

It is generally proposed that nurses who engage in reflective activity do so as a means of developing practice. Nevertheless, empirical evidence is scant where it might suggest that practice development or improved patient care takes place as a direct result of reflection (Andrews *et al.* 1998). Yet the UKCC, as part of its framework for nursing and midwifery education, expects all nurses to engage in some form of reflective activity and to provide written accounts of this within a personal professional profile (UKCC 1994).

It must be asked, then, if portfolios support, validate and integrate all of the broad-based aspects of nursing and midwifery. In answer, it is thought by some that portfolios offer a valuable contribution in the form of a step by step approach that reflects practice (Hull and Redfern 1997). Indeed, Hull and Redfern go on to suggest that "the whole purpose of a profile is to develop reflective skills" (p. 87). In contrast, Newell (1992) gives an account of the limits of professional development through portfolios and reflective practice. Similarly, Elcock (1997) argues that reflective practice does not always improve the nurse/patient relationship. Consequently, there is some disagreement as to whether portfolios are an appropriate vehicle for integrating the clinical component of learning with student experience (Richardson 1998). To be sure, it may be that portfolios, as Hull and Redfern point out, offer a valid reflective practice component, but it must be added that the whole purpose of a profile is *overall* to demonstrate students' interpretations and construction of learning for clinical competency.

The importance of clinical competency cannot be underscored enough: based upon procedure and regulation, competency ensures the safe care of clients and communities with whom nurses, midwives and health visitors work; in addition to ensuring the longevity and safety of the healthcare professional (Bedford *et al.* 1993). Therefore, the portfolio should be a medium to integrate the learners' self-assessment with the practitioners' assessment.

In reviewing the literature overall, the portfolio became a portable learning assessment, demonstrating students' developmental progress in differing clinical settings (Stockhausen 1999). Corresponding with this, the social reality of nursing and midwifery is that care cannot be standardised and learning outcomes cannot be made so that every person achieves their outcomes in the same way (Milligan 1998); nevertheless, the same learning outcomes have to be achieved (UKCC 1999). That said, learning outcomes should be transparent enough to allow individuality and transferability across different contexts to reflect the shifting social reality in nursing and

midwifery. However it is here where problems occur (on the one hand, portfolios enable the student-writer to construct their clinical experience and to understand the complexity of their work in vastly different clinical settings, but on the other hand, portfolios reflect the social and experiential reality of the individual and thus become subjective (often very personal) documents. As a result, it remains uncertain as to what extent learning and reflection can be examined with any equivalence (Glen and Hight 1992) across the boundaries of both clinical contexts and student interpretation and experience. To enhance equivalence, assessment of portfolio documents thus need to be aligned to strict quality assurance strategies demonstrating the fulfilment of a learning contract in which the staff- or student-writer can transfer theory into practice through a process of reflection and self-awareness.

In establishing that nurses, midwives and health visitors live and work in complex practice worlds; worlds of shrinking resources and expanding needs, it is of value to see just how professional competence and the medium of portfolios offer unique opportunities to gain insight into an authentic assessment of practice (Wenzel *et al.* 1998). Yet what needs to be tested further to ensure competent professional practice (Carberry 1998) is the effectiveness of portfolios in relation to the curriculum. This will always be an ongoing challenge, but if portfolios are perceived as a process and not an event, the cumulative effective of learning, analysis and synthesis of thought and action (Wellington 1991) should support and not subvert learning outcomes.

Conclusion

In order to add to ongoing formative processes of continual improvement, that will also serve as an authentic assessment of teaching and learning within the particular disciplinary boundaries of nursing and midwifery, there needs to be a contribution overall to “a comprehensive picture of student progress and performance” (Gerrish 1993 p. 74). In order to achieve this, a course of action in which an evaluation of portfolios to ascertain whether they provide reliable and valid measurement in the assessment of learning outcomes and competency, would help to determine if portfolio profiling is an effective tool for assessment of learning and competency in nursing and midwifery contexts. These are the challenges facing students, clinicians, academics, and researchers alike.

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